

APPLICATION DATA SHEET**APPLICATION INFORMATION**

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|--------------------------------|----|---|
| Application Number | :: | 10/810358 |
| Filing Date | :: | 3/26/04 |
| Application Type | :: | Regular |
| Subject Matter | :: | Utility |
| Suggested Group Art Unit | :: | |
| CD-ROM or CD-R? | :: | |
| Number of CD disks | :: | |
| Number of copies of CDs | :: | |
| Sequence submission? | :: | |
| Computer Readable Form (CRF) | :: | |
| Number of Copies of CRF | :: | |
| Title | :: | Methods Of Determining Efficacy Of Treatments Of Diseases Of The Bowel |
| Attorney Docket Number | :: | 9188R& |
| Request for Early Publication? | :: | No |
| Request for Non-Publication? | :: | No |
| Suggested Drawing Figure | :: | |
| Total Drawing Sheets | :: | 2 |
| Small Entity? | :: | No |
| Petition Included? | :: | No |
| Petition Type | :: | N/A |

APPLICANT INFORMATION

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| APPLICANT ONE | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | US |
| Status | :: | Full capacity |
| Given Name | :: | Ker-Sang |
| Middle Name | :: | NMN |
| Family Name | :: | Chen |
| Name Suffix | :: | |
| City of Residence | :: | West Chester |
| State or Province of Residence | :: | OH |
| Country of Residence | :: | US |
| Street of mailing address | :: | 8294 Eagle Ridge Drive |
| City of mailing address | :: | West Chester |
| State or Province of mailing address | :: | OH |
| Country of mailing residence | :: | US |
| Postal or Zip Code of Mailing address | :: | 45069 |

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| APPLICANT TWO | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Irish |
| Status | :: | Full capacity |
| Given Name | :: | John |
| Middle Name | :: | Kevin |
| Family Name | :: | Collins |
| Name Suffix | :: | |
| City of Residence | :: | Cork |
| State or Province of Residence | :: | N/A |
| Country of Residence | :: | Ireland |
| Street of mailing address | :: | Spur Hill, Doughcloyne |
| City of mailing address | :: | Cork |
| State or Province of mailing address | :: | N/A |
| Country of mailing residence | :: | Ireland |
| Postal or Zip Code of Mailing address | :: | N/A |

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| APPLICANT THREE | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Irish |
| Status | :: | Full capacity |
| Given Name | :: | Barry |
| Middle Name | :: | Pius |
| Family Name | :: | Kiely |
| Name Suffix | :: | |
| City of Residence | :: | Cork |
| State or Province of Residence | :: | N/A |
| Country of Residence | :: | Ireland |
| Street of mailing address | :: | Simla Villa, Passage West |
| City of mailing address | :: | Cork |
| State or Province of mailing address | :: | N/A |
| Country of mailing residence | :: | Ireland |
| Postal or Zip Code of Mailing address | :: | N/A |

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| APPLICANT FOUR | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | US |
| Status | :: | Full capacity |
| Given Name | :: | Fangyi |
| Middle Name | :: | NMN |
| Family Name | :: | Luo |
| Name Suffix | :: | |
| City of Residence | :: | Mason |
| State or Province of Residence | :: | OH |
| Country of Residence | :: | US |
| Street of mailing address | :: | 9270 Nottingham Way |
| City of mailing address | :: | Mason |
| State or Province of mailing address | :: | OH |
| Country of mailing residence | :: | US |
| Postal or Zip Code of Mailing address | :: | 45040 |

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| APPLICANT FIVE | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Irish |
| Status | :: | Full capacity |
| Given Name | :: | Liam |
| Middle Name | :: | Diarmuid |
| Family Name | :: | O'Mahony |
| Name Suffix | :: | |
| City of Residence | :: | Cork |
| State or Province of Residence | :: | N/A |
| Country of Residence | :: | Ireland |
| Street of mailing address | :: | 41 Maryville Estate, Ballintemple |
| City of mailing address | :: | Cork |
| State or Province of mailing address | :: | N/A |
| Country of mailing residence | :: | Ireland |
| Postal or Zip Code of Mailing address | :: | N/A |

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| APPLICANT SIX | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Great Britain |
| Status | :: | Full capacity |
| Given Name | :: | Ross |
| Middle Name | :: | Peter |
| Family Name | :: | Phillipson |
| Name Suffix | :: | |
| City of Residence | :: | Middlesex |
| State or Province of Residence | :: | United Kingdom |
| Country of Residence | :: | Great Britain |
| Street of mailing address | :: | 21 Field Lane, Teddington |
| City of mailing address | :: | Middlesex |
| State or Province of mailing address | :: | United Kingdom |
| Country of mailing residence | :: | Great Britain |
| Postal or Zip Code of Mailing address | :: | TW 11 9AW |

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| APPLICANT SEVEN | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Irish |
| Status | :: | Full capacity |
| Given Name | :: | Fergus |
| Middle Name | :: | NMN |
| Family Name | :: | Shanahan |
| Name Suffix | :: | |
| City of Residence | :: | Cork |
| State or Province of Residence | :: | N/A |
| Country of Residence | :: | Ireland |
| Street of mailing address | :: | Seafort, Fort Cliff, Kinsale |
| City of mailing address | :: | Cork |
| State or Province of mailing address | :: | N/A |
| Country of mailing residence | :: | Ireland |
| Postal or Zip Code of Mailing address | :: | N/A |

CORRESPONDENCE INFORMATION

| | | |
|------------------------------------|----|-----------------------|
| Correspondence Customer No. | :: | 27752 |
| Phone Number | :: | 513-622-0159 |
| Fax Number | :: | 513-622-3300 |
| E-mail Address | :: | Mcdowdunham.kl@pg.com |

REPRESENTATIVE INFORMATION

| | | |
|------------------------------------|----|-------|
| Representative Customer No. | :: | 27752 |
|------------------------------------|----|-------|

DOMESTIC PRIORITY INFORMATION

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| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| 9188& | Continuation-in-part | 10/404512 | 4/1/03 |
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FOREIGN PRIORITY INFORMATION

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| Country:: | Application Number:: | Filing Date:: |
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ASSIGNEE/ASSIGNMENT INFORMATION

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| Assignee Name | :: | The Procter & Gamble Company and Alimentary Health, Ltd. |
| Street | :: | Attention: Chief Patent Counsel |
| | :: | 6090 Center Hill Road |
| City | :: | Cincinnati |
| State or Province | :: | OH |
| Country | :: | US |
| Postal or Zip Code | :: | 45224 |

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APPLICATION DATA SHEET**APPLICATION INFORMATION**

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| Application Number | :: | 10/810358 |
| Filing Date | :: | 3/26/04 |
| Application Type | :: | Regular |
| Subject Matter | :: | Utility |
| Suggested Group Art Unit | :: | |
| CD-ROM or CD-R? | :: | |
| Number of CD disks | :: | |
| Number of copies of CDs | :: | |
| Sequence submission? | :: | |
| Computer Readable Form (CRF) | :: | |
| Number of Copies of CRF | :: | |
| Title | :: | Methods Of Determining Efficacy Of Treatments Of Diseases Of The Bowel |
| Attorney Docket Number | :: | 9188R& |
| Request for Early Publication? | :: | No |
| Request for Non-Publication? | :: | No |
| Suggested Drawing Figure | :: | |
| Total Drawing Sheets | :: | 2 |
| Small Entity? | :: | No |
| Petition Included? | :: | No |
| Petition Type | :: | N/A |

APPLICANT INFORMATION

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| APPLICANT ONE | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | US |
| Status | :: | Full capacity |
| Given Name | :: | Ker-Sang |
| Middle Name | :: | NMN |
| Family Name | :: | Chen |
| Name Suffix | :: | |
| City of Residence | :: | West Chester |
| State or Province of Residence | :: | OH |
| Country of Residence | :: | US |
| Street of mailing address | :: | 8294 Eagle Ridge Drive |
| City of mailing address | :: | West Chester |
| State or Province of mailing address | :: | OH |
| Country of mailing residence | :: | US |
| Postal or Zip Code of Mailing address | :: | 45069 |

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| APPLICANT TWO | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Irish |
| Status | :: | Full capacity |
| Given Name | :: | John |
| Middle Name | :: | Kevin |
| Family Name | :: | Collins |
| Name Suffix | :: | |
| City of Residence | :: | Cork |
| State or Province of Residence | :: | N/A |
| Country of Residence | :: | Ireland |
| Street of mailing address | :: | Spur Hill, Doughcloyne |
| City of mailing address | :: | Cork |
| State or Province of mailing address | :: | N/A |
| Country of mailing residence | :: | Ireland |
| Postal or Zip Code of Mailing address | :: | N/A |

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| APPLICANT THREE | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Irish |
| Status | :: | Full capacity |
| Given Name | :: | Barry |
| Middle Name | :: | Pius |
| Family Name | :: | Kiely |
| Name Suffix | :: | |
| City of Residence | :: | Cork |
| State or Province of Residence | :: | N/A |
| Country of Residence | :: | Ireland |
| Street of mailing address | :: | Simla Villa, Passage West |
| City of mailing address | :: | Cork |
| State or Province of mailing address | :: | N/A |
| Country of mailing residence | :: | Ireland |
| Postal or Zip Code of Mailing address | :: | N/A |

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| APPLICANT FOUR | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | US |
| Status | :: | Full capacity |
| Given Name | :: | Fangyi |
| Middle Name | :: | NMN |
| Family Name | :: | Luo |
| Name Suffix | :: | |
| City of Residence | :: | Mason |
| State or Province of Residence | :: | OH |
| Country of Residence | :: | US |
| Street of mailing address | :: | 9270 Nottingham Way |
| City of mailing address | :: | Mason |
| State or Province of mailing address | :: | OH |
| Country of mailing residence | :: | US |
| Postal or Zip Code of Mailing address | :: | 45040 |

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| APPLICANT FIVE | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Irish |
| Status | :: | Full capacity |
| Given Name | :: | Liam |
| Middle Name | :: | Diarmuid |
| Family Name | :: | O'Mahony |
| Name Suffix | :: | |
| City of Residence | :: | Cork |
| State or Province of Residence | :: | N/A |
| Country of Residence | :: | Ireland |
| Street of mailing address | :: | 41 Maryville Estate, Ballintemple |
| City of mailing address | :: | Cork |
| State or Province of mailing address | :: | N/A |
| Country of mailing residence | :: | Ireland |
| Postal or Zip Code of Mailing address | :: | N/A |

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| APPLICANT SIX | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Great Britain |
| Status | :: | Full capacity |
| Given Name | :: | Ross |
| Middle Name | :: | Peter |
| Family Name | :: | Phillipson |
| Name Suffix | :: | |
| City of Residence | :: | Middlesex |
| State or Province of Residence | :: | United Kingdom |
| Country of Residence | :: | Great Britain |
| Street of mailing address | :: | 21 Field Lane, Teddington |
| City of mailing address | :: | Middlesex |
| State or Province of mailing address | :: | United Kingdom |
| Country of mailing residence | :: | Great Britain |
| Postal or Zip Code of Mailing address | :: | TW 11 9AW |

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| APPLICANT SEVEN | | |
| Applicant Authority Type | :: | Inventor |
| Primary Citizenship Country | :: | Irish |
| Status | :: | Full capacity |
| Given Name | :: | Fergus |
| Middle Name | :: | NMN |
| Family Name | :: | Shanahan |
| Name Suffix | :: | |
| City of Residence | :: | Cork |
| State or Province of Residence | :: | N/A |
| Country of Residence | :: | Ireland |
| Street of mailing address | :: | Seafort, Fort Cliff, Kinsale |
| City of mailing address | :: | Cork |
| State or Province of mailing address | :: | N/A |
| Country of mailing residence | :: | Ireland |
| Postal or Zip Code of Mailing address | :: | N/A |

CORRESPONDENCE INFORMATION

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|------------------------------------|-----------|-----------------------|
| Correspondence Customer No. | :: | 27752 |
| Phone Number | :: | 513-622-0159 |
| Fax Number | :: | 513-622-3300 |
| E-mail Address | :: | Mcdowdunham.kl@pg.com |

REPRESENTATIVE INFORMATION

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|------------------------------------|-----------|-------|
| Representative Customer No. | :: | 27752 |
|------------------------------------|-----------|-------|

DOMESTIC PRIORITY INFORMATION

| | | | |
|----------------------|--------------------------|-----------------------------|-----------------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
| 9188& | Continuation-in-part | 10/404512 | 4/1/03 |
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FOREIGN PRIORITY INFORMATION

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|------------------|-----------------------------|----------------------|
| Country:: | Application Number:: | Filing Date:: |
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ASSIGNEE/ASSIGNMENT INFORMATION

| | | |
|---------------------------|----|---|
| Assignee Name | :: | The Procter & Gamble Company and Alimentary Health, Ltd. |
| Street | :: | Attention: Chief Patent Counsel |
| | :: | 6090 Center Hill Road |
| City | :: | Cincinnati |
| State or Province | :: | OH |
| Country | :: | US |
| Postal or Zip Code | :: | 45224 |

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